CB Summer Orchestra Camps 2014

Note: Parents may register students on line at: www.cbcsonline.com or mail this form.

Registration Application (Parent/Guardian signature required) Student Name Parent's Name Address_____ City State ____Zip ____ Home Phone: _____ Mother's Work #: _____ Father's Work #: ____ School attended in June 2014 Grade completed Name of School Orchestra teacher Instrument _____ Length of time played in school program ____ If studied privately, length of time studied: Teacher: Please choose one: Elementary School Orchestra Camp (# 1646) for students entering grades 5 or 6 July 28-July 31, Monday thru Thursday, 5:00 pm to 6:00 pm Fees: In District: \$70; Out of District: \$80 _Middle School Orchestra Camp (#1647) for students entering grades 7, 8, or 9 July 28-July 31, Course #1647 Monday-Thursday, 6:00 pm to 7:30 pm Fees: In District: \$80; Out of District: \$90 Total amount due: \$ Check enclosed: \$ Charge to Major Credit Card: Name on card: Card Type: Card# Exp. date Parent/Guardian Signature_______Date_____

Please return this form and make checks payable to:

CB Community School Summer Academic Program 16 Welden Drive Doylestown, PA 18901